

TRINITY COUNTY
CHILDREN AND FAMILIES FIRST COMMISSION

STRATEGIC PLAN



Adopted By

**Trinity County Children and Families First Commission
Trinity County Courthouse
P.O. Box 1613
Weaverville, CA 96093**

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ACKNOWLEDGEMENTS

Members of the Trinity County Children and Families First Commission May 2000

Jeannie Nix-Temple, Chairperson
Trinity County Administrative Officer

Donald Krouse, M.D., alternate
Public Health Officer

Jerry Cousins
Human Response Network

Brian Muir
Trinity County Behavioral Health

Paul Fackrell
Board of Supervisors

Linda Wright
Trinity County Health & Human Services

Jim French
Superintendent of Schools

David Yarbrough
Trinity Hospital

Subcommittee

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John Siegel, Chairperson
Trinity Co. Grant Administration

Diane Davis
Trinity Hospital/MCH

Elise Osvold-Doppelhauer
County Health Department

Sally Aldinger
Office of Education/Kids First

Jim French
Superintendent of Schools

Lisa Preschel-Quinn
Trinity Frontier Nutrition Project

Denise Black
Planned Parenthood

Caligney Hoffmann
Health & Human Services

Eileen Stocum
WIC Program

Jerry Cousins
Human Response Network

Chris Madrigal
Shasta Head Start

Maria Velasquez
Child Care Planning Council

David Crummey
HRN-Child Care Services

Crystal Marie
Tobacco Education

Barbara Webb
Child Protective Services

TRINITY COUNTY CHILDREN AND FAMILIES FIRST COMMISSION STRATEGIC PLAN May 2000

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TRINITY COUNTY CHILDREN AND FAMILIES FIRST COMMISSION STRATEGIC PLAN

Executive Summary

In 1998, the California Children and Families First Act (also known as Proposition 10) was enacted, increasing taxes on tobacco products in order to provide the funds to create a comprehensive and integrated delivery system of information and services to promote early childhood development from prenatal to age 5. Trinity County will receive approximately \$200,000 a year from these funds. In order to access these monies, the county must adopt a strategic plan that shows how Proposition 10 funding will be used to promote a comprehensive and integrated system of early childhood development services.

The Trinity County Children and Families First Commission (referred to as simply “the Commission” throughout) was created in December 1998 for the express purpose of evaluating the current and projected needs of young children and their families, developing the strategic plan that describes how the community needs will be addressed, determining how to expend local monies available from the state Children and Families Trust Fund, and evaluating the effectiveness of programs and activities funded in accordance with the strategic plan.

This document represents the first strategic plan adopted by the Commission, culminating a full year of work by many dedicated members of the community. A total of 25 public meetings were held throughout the planning process, welcoming input and involvement from all members of the community that wished to participate. The planning process consisted of five major steps:

1. The Commission analyzed the needs of children prenatal to age 5 and their parents in Trinity County, and developed a set of long-range goals and short-term objectives that would significantly improve the quality of life for young children and their families.
2. A Subcommittee was created by the Commission, and worked diligently for five months to develop strategies for achieving each of the goals and objectives, and determine how progress and results could be evaluated for each objective. The Subcommittee was initially comprised of 15 members representing a broad range of service providers and community groups; many other people attended meetings throughout the process and made valuable contributions.
3. The Commission reviewed the strategies proposed by the Subcommittee, and a consensus-based process was used to evaluate each strategy as to whether it was appropriate to use Proposition 10 resources to implement the strategy.

4. The complete strategic plan was drafted in conjunction with additional public meetings to discuss the intended approach to allocating Proposition 10 funding.
5. Public hearings were held to review the draft plan, obtain public input on the proposed plan, approve changes to the draft, and ultimately adopt this version of the plan.

The planning process identified four long-range goals that will be pursued to enhance the early growth experiences of children. For each goal, specific objectives were developed along with a set of strategies or actions to be implemented in order to achieve each objective. An abbreviated format of the goals, objectives and strategies is contained in the table below.

Goals	Related Objectives	Summary of Strategies
1. Every birth is a healthy birth	1. Increase the percentage of babies born to women receiving early comprehensive prenatal care	<ul style="list-style-type: none"> • Promote comprehensive Family Life Education in schools • Provide countywide Perinatal Outreach Education services • Provide multiple opportunities for pregnancy testing that will link women to prenatal care • Provide information to local medical providers • Conduct a media campaign to education women on preconception and prenatal health issues • Increase services through a comprehensive county midwife program • Promote breastfeeding by mothers • Improve data collection on prenatal care and infant care issues
	2. Decrease the percentage of infants born with prenatal exposure to the effects of alcohol, tobacco and other drugs	<ul style="list-style-type: none"> • Expand the Head Start program or other home-based services for 0-3 year olds • Revitalize the Methamphetamine Task Force • Increase tobacco cessation programs • Increase perinatal recovery services • Increase parent support groups • Increase coordination between existing programs and services • Use the midwife program as a means to provide and link services related to tobacco education and tobacco/alcohol/drug cessation

Goals	Related Objectives	Summary of Strategies
2. Every child is a healthy child	<p>1. Maximize the number of children screened at the first grade according to the Child Health Disability Prevention (CHDP) standards</p> <p>2. Increase the number of children receiving early dental services in Trinity County</p> <p>3. Decrease the number of substantiated incidents of child abuse and neglect in Trinity County</p> <p>4. Every child receives a healthy diet</p> <p>5. Children live in a home free of the effects of drugs, alcohol and tobacco</p>	<ul style="list-style-type: none"> • Increase outreach using community-based exams provided by mid-level practitioners • Increase public and parental awareness through Kindergarten roundups, child care providers, pre-schools and other forums • Promote and advocate for comprehensive well-baby screenings • Increase C.H.D.P. awareness • Develop a universal screening card for screening/immunizations • Expand the Head Start program or other home-based services • Develop a database to track dental care • Maintain school-based screenings and promote dental van program • Promote outreach/education and enrollment to Healthy Families or Medi-Cal • Conduct awareness campaign concerning need for early dental care • Develop local dental services • Increase awareness of the importance of supplemental fluoride • Increase media resources for parents • Provide programs/service incentives that will engage parents • Provide information to parents • Increase awareness through Child Abuse Prevention Month • Link with Maternal Child Health program as outreach workers • Offer food demonstrations and recipes • Develop the SHARE program • Increase awareness of food stamps • Increase nutrition education • Increase access to community gardens • Expand Head Start or other home-based services program • Revitalize Methamphetamine Task Force • Increase tobacco cessation programs • Increase parent support groups • Increase awareness of existing services • Use the midwife program to provide and link services related to tobacco education and tobacco/alcohol/drug cessation

Goals	Related Objectives	Summary of Strategies
3. Every child will be ready to learn	1. Provide quality, developmentally appropriate child care in Trinity County	<ul style="list-style-type: none"> • Provide home visitor support/education program for child care providers • Provide technical assistance and other support to increase health and safety of childcare and early childhood settings • Background checks of all adults living in licensed exempt childcare homes
	2. Promote positive early childhood growth and development	<ul style="list-style-type: none"> • Increase parental/community awareness of early childhood development importance • Increase provider awareness in detecting potential learning disabilities
4. The Children and Families First Commission will invest in a system that is consumer-oriented and easily accessible	1. Increase the integration and coordination of services	<ul style="list-style-type: none"> • Establish an on-going Advisory Committee composed of representatives involved in administering children and families programs to work together in coordinating services and sharing information • Coordinate planning and evaluation efforts between agencies
	2. Increase the sharing of information, data and analyses across agencies and throughout Trinity County	<ul style="list-style-type: none"> • Update and maintain a Resource Directory • Use newsletters, media resources, surveys and other means to increase information flow between the public and providers • Conduct service integration training for staff of involved agencies

The intent is for this plan to serve as a global strategic plan for early childhood development services, not just a "Proposition 10" plan. The efforts of many service providers and community groups must be coordinated in order to implement the plan. Further, it must be noted that the resources are not available within the County to fund all of the strategies right away. The strategic plan is a **long-range** plan, containing goals and strategies to be pursued over the course of many years.

An integral part of the plan is regular evaluation of the progress made toward achieving the goals and objectives, as well as assessing the effectiveness of funding allocation decisions. The foundation of the evaluation process are the outcomes and performance indicators contained in the plan; the outcomes define specific performance targets to be achieved for each objective and the indicators represent the data that will be used for the evaluation.

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. Funds will be allocated to various strategies and service providers once a year. Due to the limited amount of funding available and the presence of relatively few service providers in the county, the Commission may not conduct a formal competitive bid or Request For Proposal

(RFP) process. Instead, the Commission intends to define funding priorities, then work collaboratively with the various service providers in the County to match funds, coordinate budget decisions, and ultimately use Proposition 10 funding to fill gaps where no other sources of funding are available to support a high priority service or project.

The first year budget is set at \$200,000. A high-level view of how these funds are intended to be allocated during the fiscal year July 1, 2000 through June 30, 2001 (using categories provided by the State Children and Families First Commission) is:

Health and Wellness	\$ 112,000	56%
Child Care and Early Education	50,000	25%
Parent Education and Support Services	3,000	2%
Other	<u>35,000</u>	<u>17%</u>
Total	\$ 200,000	100%

Through the wise investment of Proposition 10 funds and dedicated partnership between the Commission, service providers, parents and other community stakeholders, we can create an environment where all children in Trinity County are healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

Background

In November 1998, the California electorate voted in favor of Proposition 10, the "Children and Families First" initiative, which then became effective on January 1, 1999. The initiative levies a tax on cigarettes and other tobacco products in order to provide funding for local early childhood development programs. The ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in school and give them an equal opportunity to succeed in life. Revenues generated from the tobacco tax will be used for the following:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development
- Provide funds to existing community based centers or establish new centers that focus on parenting education, child health and wellness, early child care and education, and family support services
- Educate Californians via a statewide multimedia campaign on the importance of early childhood development and smoking cessation.

Since January 1999, tobacco tax revenues have been accumulated into a designated trust fund to meet the needs of children ages prenatal to 5 throughout the state. Almost \$700 million per year is being placed in this trust fund. 80% of these funds are then allocated to the 58 counties of the state according to the live birth rate of each county. The remaining 20% of the money is directed to statewide programs, research, and media campaigns.

Trinity County Profile

Trinity County is a rural area located in the mountains of Northern California, midway between Shasta County and the Northern Redwood Coastline of Humboldt County. The County is about the size of the state of Rhode Island. Trinity County can be accessed from Sacramento by way of Interstate 5 (North) to Redding, there connecting to California State Route 299 (West) for 45 miles, an enjoyable one-hour drive along the National Scenic Byway to the County seat of Weaverville.

The county spans 3,200 square miles with the majority of this land covered by dense forestland, pristine lakes and rivers. The total population was 13,117 as of July 1998. 46.5% of the population is centered in two areas, Weaverville and Hayfork. These two towns are separated from each other by a 45-minute drive along 32 miles of mountain roads, and have the largest residential neighborhoods and established business districts. The remainder of the population is widely scattered throughout the County. Classified by the Federal government as “frontier,” the County has a comparatively slower pace of life and little ethnic diversity (93% Caucasian) with the primary language being English. The largest ethnic minority group is Native American Indian at 4.5% of the population.

The median family income in 1995 was \$25,000, well below the State average of \$40,550. Employment is often seasonal and dominated by government (local, state and federal) and timber related jobs. Trinity County’s average unemployment rate in 1999 was 11.6%, more than twice the overall California unemployment rate of 5.2%. Historically, communities in the County have been economically dependent on timber, seasonal recreation, and tourism. In recent years, employment in timber related jobs has declined due to a number of factors, including loss of timber from environmental protection actions and the closure of several mills. Seasonal unemployment rates can exceed 20%. Children are clearly impacted by these conditions, as evidenced by 48% of children being eligible for subsidized meals and 28% of the children living in poverty.

The elevation ranges from its lowest point of 600 feet near Salyer to 9,038 feet at Mt. Eddy in the northeast corner of the County. There are few highways and roadways that connect rural communities and service areas, making access to medical, dental and social service facilities difficult due to rugged mountainous terrain, geographic isolation and limited public transportation.

The Importance of Early Childhood Development

Young children learn and grow because of the key role their parents play in their development. Although a wide range of individuals and institutions impact the health and well-being of young children, the role of parents is paramount. Parenting is much more important during the ages birth to five than we once believed. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

During the first three years of a child's life, the early physical architecture of a child's brain is established. Research has proven a number of important points:

- At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering as well as emotional and social behavior are very underdeveloped.
- In the early years, a child develops basic brain and physiological structures upon which later growth and learning are dependent.
- The brain operates on a "use it or lose it" principle. Emotionally and socially as well, the child develops many of the abilities upon which later social functioning is based.
- The brain matures in the world, rather than in the womb; thus young children are deeply affected by their experiences.
- Their relationships with parents and other important caregivers; the sights, sounds, smells, and feelings they encounter; and the challenges they meet, affect the way a child's brain develops.

The early years of a child's life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated. Thus, promoting child development is not limited to the academic arena of numbers and letters. The following dimensions of child development are considered important:

- Physical development: Meeting children's basic needs for protection, nutrition and health care.
- Cognitive development and social-emotional development: Meeting children's basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.

These early childhood development needs are the basis for Proposition 10, the California Children and Families Initiative.

The Trinity County Children and Families First Commission

Pursuant to the requirements of Proposition 10, the Trinity County Board of Supervisors adopted Ordinance 1223 in December 1998 establishing the county's Children and Families First Commission, comprised of 7 members appointed by the Board of Supervisors. According to state statutes, the Commission must include at least one member of the Board of Supervisors and two other County managers involved in children and family services. The remaining members of the Commission are drawn from community-based organizations and the public at large, with the requirement that such members are either recipients of services included in the strategic plan or representatives of organizations providing designated services (child care, health, family support, education, and other related services) to children and families.

The duties of the Commission include evaluating the current and projected needs of young children and their families, developing a strategic plan that promotes a comprehensive and integrated system of early childhood development services that addresses community needs, determining how to expend local monies available from the state Children and Families Trust Fund, and evaluating the effectiveness of programs and activities funded in accordance with the strategic plan. A requirement of the state laws governing the Commission is to ensure that money from the Children and Families Trust Fund is not used to replace existing local funding for programs and services. In other words, Proposition 10 funds must be used to increase the level of services available. Appendix 1 to this plan contains the complete wording of the state laws established because of the passage of Proposition 10.

Activities sponsored with Proposition 10 funds are expected to focus specifically on children prenatal to age 5 and their families. Further, according to state level guidelines that have been established, funding should be directed to achieving three strategic results:

1. **Improved Child Health: Healthy Children.** Children who are healthy in mind, body and spirit grow up confident on their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation, and they live in families and communities that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments.
2. **Improved Child Development: Children Learning and Ready for School.** The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. The National Association of Elementary School Principals has stated that "better childhoods" would be the single greatest contributor to improvement in school achievement.
3. **Improved Family Functioning: Strong Families.** Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parent or primary caregiver with the child that shapes the child's view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child's ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

These three strategic results served as the initial basis for Trinity County's strategic planning efforts.

Planning Process

This section provides an overview of strategic planning for early childhood development services, followed by a description of the process that was utilized in Trinity County to develop this plan.

Overview of Strategic Planning

The term "strategic planning" refers to a coordinated and systematic process for developing a plan for the overall course and direction of an endeavor or enterprise for the purpose of optimizing future potential. The central purpose of this process is to ensure that the course and direction is well thought out, sound and appropriate, and to ensure that limited resources (time and capital) are sharply focused in support of that course and direction. The process encompasses both strategy formulation and implementation.

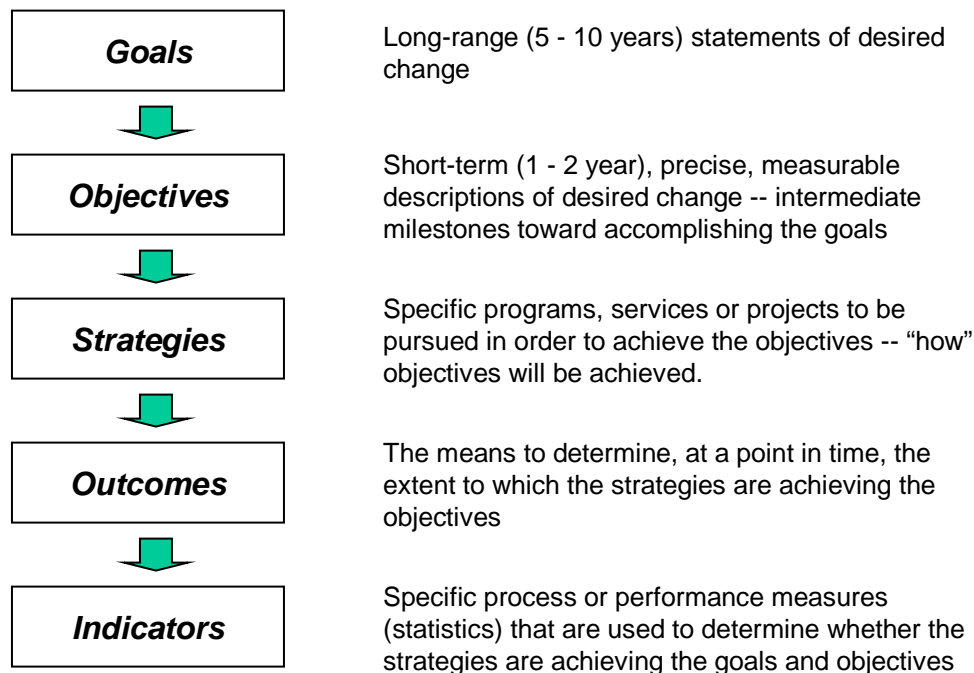
Important benefits that can be realized from strategic planning are:

- ❖ **Set a clear direction.** Better results are achieved through a collaborative effort with everyone involved, creating a team approach with everyone moving in the same direction. The plan also clearly defines the intentions of the Children and Families First Commission so that members of the public can provide input.
- ❖ **Invest resources more effectively.** By having a clear set of priorities, the Commission can make better decisions regarding where to invest time and money to best meet the needs of our young children and parents. People are able to ask the question, "how will this investment help us achieve our goals?"
- ❖ **Resolve current challenges and/or avoid future problems.** The planning process enables the Commission to objectively evaluate the strengths and weaknesses of existing systems and services, as well as understand important trends that may pose threats and opportunities. This enables conscious choices to be made regarding how existing problems will be overcome while proactively anticipating probable future difficulties and taking steps to avoid those difficulties.
- ❖ **Provide a framework for decision-making.** The planning process provides a useful opportunity to set guidelines regarding the other types of decisions that must be made by the Commission, such as determining the level of funding that should be allocated to services right away versus the level that should be reserved for future needs.

State law requires each county's Children and Families First Commission to adopt a strategic plan meeting statutory requirements before funds can be expended for new services. California Health and Safety Code Section 130140 (1) (C)(ii) states the following:

“The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.”

The components of the Trinity County strategic plan are shown in the diagram below, with a definition of each term and how these concepts related to the statutory requirements.



The Trinity County Planning Process

Trinity County will receive the minimum allocation amount of \$200,000 per year from the state Children and Families Trust Fund due to the low birth rate within the County. The limited amount of funding dictated that an efficient yet effective approach to planning be adopted.

Rather than starting from a "blank slate" in trying to evaluate community needs, resources and gaps in services, it was determined that a better approach for Trinity County would be to rely on the extensive base of information from recent community-based assessment efforts conducted by other agencies, along with the expertise of service providers who work closely with young children and families. A summary of key information gathered from existing assessments and service plans is contained in Appendix 2 of the plan.

The steps taken to develop this strategic plan were:

1. **Goal setting.** During the period from March 1999 to November 1999, the Commission met four times to review the planning guidelines established by the State Commission, share pre-existing information about community needs and resources, and develop long-range goals. The Commission then established a Subcommittee comprised of a broad group of service providers and professionals in the community to work on developing objectives, strategies, outcomes, and indicators for the goals.
2. **Development of objectives, strategies, outcomes, and indicators.** The Subcommittee consisted of a core group of 15 members, which are listed in the Acknowledgements at the beginning of the plan. In addition, numerous other people were invited to meetings based on their areas of expertise, and the public at large was invited to all meetings. This extended group first met on December 1, 1999, to begin the development of objectives, strategies, outcomes, and indicators. A total of 16 public meetings were held between December 1999 and April 2000. Extensive drafting, discussion, and revision occurred on all elements of the strategic plan until a strong consensus was reached. Appendix 3 contains a complete list of public meetings that were held during the planning process.
3. **Prioritization and appropriateness of strategies.** The strategic plan elements developed by the Subcommittee were first presented to the Commission on February 29, 2000. The Commission adopted the objectives established by the Subcommittee, then reviewed each proposed strategy to determine whether or not it was appropriate to be considered as a potential use of Proposition 10 funds. Strategies were assigned one of three ratings: Yes (strategy is a priority for Proposition 10 funding), Maybe (strategy may be appropriate for Proposition 10 funds), and No (strategy does not fall under the Proposition 10 guidelines). Other agencies involved with each strategy were identified so that integration of services could be pursued.
4. **Strategic plan writing.** The results of the planning activities completed to this point were incorporated into a draft of a comprehensive strategic plan. Concurrently, the Commission held public meetings to discuss the intended approach to allocating funds and to develop a high level budget. The strategic plan document went through multiple levels of review and modification by the Commission, under the guidance of John Siegel, the Subcommittee Chair and staff to the Commission.
5. **Public review and community outreach.** The first draft of the strategic plan was presented in a public hearing on May 3, 2000. An additional public hearing was held on June 12, 2000, to gather further input on the proposed plan. The Commission then approved modifications to the plan and adopted the final plan for local implementation and submission to the State Commission.

Starting with step 2 of the process, assistance was also provided by an experienced consultant, Mike Smith of Social Entrepreneurs, Inc., who was made available to the Commission through the state level Proposition 10 Technical Assistance Center at no cost to the county.

It must be emphasized that strategic planning is an on-going process. This document represents the initial plan, but it will be updated periodically as community needs, resources, and funding levels change over time. On-going meetings by the Commission and quarterly meetings by a newly-appointed Advisory Committee will make the needed adjustments to the plan when applicable. A public hearing will be held for all updates to the strategic plan.

Goals and Objectives

As defined earlier, a **goal** is "a long range (e.g. 5-10 years) statement of desired change, based upon the vision statement." An **objective** is "a precise description of desired change that is short-range and measurable, and that supports the achievement of the goal." Through the assessment of information from various data sources and extensive input by service providers and members of the community, four primary goals were established with a total of eleven objectives linked to those goals.

Goal #1: Every Birth Is A Healthy Birth

- Objective #1:** Increase the percentage of babies born to women receiving early comprehensive prenatal care
- Objective #2:** Decrease the percentage of infants born with prenatal exposure to the effects of alcohol, tobacco and other drugs

Goal #2: Every Child Is A Healthy Child

- Objective #1:** Maximize the number of children screened at first grade according to the Child Health Disability Prevention (CHDP) standards
- Objective #2:** Increase the number of children receiving early dental services in Trinity County
- Objective #3:** Decrease the number of substantiated incidents of child abuse and neglect in Trinity County
- Objective #4:** Every child receives a healthy diet
- Objective #5:** Children live in a home free of the effects of drugs, alcohol and tobacco

Goal #3: Every Child Will Be Ready To Learn

Objective #1: Provide quality, developmentally appropriate child care in Trinity County

Objective #2: Promote positive early childhood growth and development

Goal #4: The Children and Families First Commission Will Invest In A System That Is Consumer Oriented And Easily Accessible To Make A Positive And Significant Impact In The Community Over Time

Objective #1: Increase the integration and coordination of services

Objective #2: Increase the sharing of information, data and analyses across agencies and throughout Trinity County

Strategies and Outcomes

Strategies identify the specific programs, services and projects to be pursued in order to achieve each objective. In order to evaluate whether the strategies are effective and whether goals and objectives are actually being achieved, the plan contains **outcomes** (the means to determine, at a point in time, the extent to which strategies are achieving the objectives) and **indicators** (statistics to use in evaluating the effectiveness of strategies). This section contains the strategies, outcomes and indicators adopted by Trinity County.

The intent is for this plan to serve as a comprehensive strategic plan that is global in nature and benefits early childhood development, not just a "Proposition 10" plan. Further, a fundamental directive in the statutes is that each county pursue methods of coordinating or integrating services so they are more useful and accessible to the people who may need the services. For these reasons, multiple strategies have been defined for each objective whether or not they are appropriate for funding through the Children and Families First Commission. In the tables that follow, one of three ratings is assigned related to expected use of Proposition 10 funding: Yes (strategy is a priority for Proposition 10 funding), Maybe (strategy may be appropriate for Proposition 10 funds), and No (strategy will not be initially considered for Proposition 10 funding). In addition, each strategy identifies which agencies or organizations should be responsible for pursuing the strategy *even if no Proposition 10 resources are expected to be used*. This is intended to show a clear picture of how the entire system of community services must work together in order to achieve the goals and objectives described in this plan.

It is also essential to understand that the resources are not available within the County to fund all of the strategies, at least not at this time. The strategic plan is a **long-range** plan, containing goals and strategies to be pursued over the course of many years. Each year, the Children and Families First Commission will evaluate progress toward the goals and objectives and make a new determination of the initiatives to be funded in the coming year with Proposition 10 resources. This process will be conducted collaboratively with the many other agencies and organizations listed in the tables that follow, so that priorities and funding decisions can be coordinated across the system of services.

The tables that follow are organized according to the goals and objectives listed in the previous section of the plan. For each objective, the plan identifies the intended strategies, priority for Proposition 10 funding, agencies and programs responsible for implementation, desired outcomes, and performance indicators. In the column labeled “Responsible Agencies and Programs,” agency or organizations are listed first and specific programs or services within the agency are shown in parenthesis. If no program or service is indicated, it means that implementation is a responsibility of the agency as a whole rather than a specific program. Where the Trinity County Children and Families First Commission is listed as a responsible agency, it means that the Commission is responsible for selecting an appropriate provider and assisting with funding for the strategy. A guide to the agency and program acronyms can be found on the bottom of each page in this section.

Goal 1: Every birth is a healthy birth
Objective 1: Increase the percentage of babies born to women receiving early comprehensive prenatal care

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Promote comprehensive Family Life Education in schools which includes preconception education and information on signs and symptoms of pregnancy	A. No	A. PP, TCOE, DHHS (PH)
B. Provide countywide Perinatal Outreach Education services	B. Maybe	B. CFFC, TH, BHS, DHHS (PH)

Agencies

BHS Trinity County Behavioral Health Services
CFFC Trinity County Children & Families First Commission
DHHS Trinity County Department of Health & Human Services
HRN Human Response Network
PP Six Rivers Planned Parenthood
TCOE Trinity County Office of Education
TH Trinity Hospital

Programs

AOD Alcohol and Other Drugs
CCPC Child Care Planning Council
FNP Frontier Nutrition Project
HS Head Start
MCH Maternal Child Health
PH Public Health Services
TCHC Trinity Community Health Clinic
WIC Women, Infants & Children

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
C. Provide multiple opportunities for pregnancy testing via Planned Parenthood, Public Health Nursing services, physician offices, clinics that offer concurrent HIV testing and link women successfully to prenatal care in Trinity County	C. No	C. In place, linkage needs work
D. Provide information to local medical providers on the subject of preconception health	D. No	D. DHHS (PH), TH, PP
E. Provide a countywide media campaign to educate women on preconception and prenatal health issues and services available in Trinity County	E. Yes	E. CFFC
F. Increase services to women through a comprehensive county midwife program that provides extensive outreach services for preconception health, prenatal, intrapartum and postpartum care, breastfeeding, and well baby exams through one year of age	F. Yes	F. CFFC
G. Promote and support the W.I.C. program's nutritional and breastfeeding education services and link to the midwife program through expanded outreach	G. No	G. DHHS (WIC), DHHS (PH), TH
H. Train additional certified breastfeeding educators	H. No	H. TH, DHHS (PH)
I. Develop mechanism for collecting comprehensive data on all births of women living in Trinity County on issues of adequacy of prenatal care, tobacco/drugs/alcohol exposure during pregnancy, birth weight and breastfeeding success at six months	I. Maybe	I. CFFC, DHHS (MCH), TH

Agencies

BHS Trinity County Behavioral Health Services
 CFFC Trinity County Children & Families First Commission
 DHHS Trinity County Department of Health & Human Services
 HRN Human Response Network
 PP Six Rivers Planned Parenthood
 TCOE Trinity County Office of Education
 TH Trinity Hospital

Programs

AOD Alcohol and Other Drugs
 CCPC Child Care Planning Council
 FNP Frontier Nutrition Project
 HS Head Start
 MCH Maternal Child Health
 PH Public Health Services
 TCHC Trinity Community Health Clinic
 WIC Women, Infants & Children

Outcomes for Goal 1, Objective 1

1. Increase percentage of women receiving first trimester care from current 83% to 92% by end of fiscal year 2004
2. Increase the number of women receiving preconception health information by year-end 2004
3. Increase to 3 the number of local providers promoting preconception health education to all women of childbearing age
4. Increase the number of women receiving W.I.C. and other nutritional / breastfeeding services by year-end 2000
5. Increase from 64% to 75% by year-end 2000, and to 90% by year-end 2004, the number of women receiving adequate prenatal care
6. Increase to 75% the percentage of Women Infant Children (WIC) infants receiving breast milk at five to seven months of age by year-end 2000

Performance Indicators for Goal 1, Objective 1

1. Number of women entering prenatal care in first trimester
2. Number of women receiving preconception health care prior to decision to conceive
3. Number of women receiving preconception health education as part of OB services
4. Number of women enrolled in W.I.C. program or other nutritional and breastfeeding education services
5. Number of pregnant women receiving adequate prenatal care, per the Kessner Index
6. Percentage of women breastfeeding their babies through six months

Agencies

BHS	Trinity County Behavioral Health Services
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Goal 1:	Every birth is a healthy birth
Objective 2:	Decrease the percentage of infants born with prenatal exposure to the effects of alcohol, tobacco and other drugs

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Expand the Head Start or other home-based services for 0-5 year-olds	A. Yes	A. CFFC
B. Revitalize the Methamphetamine Task Force	B. No	B. TCOE
C. Increase tobacco cessation programs	C. Yes	C. CFFC
D. Increase the number of women in perinatal recovery program.	D. No	D. BHS
E. Increase parent support groups	E. No	E. HRN, TCOE (HS), BHS
F. Increase coordination of linking people with existing programs and services	F. No	F. All health and human services agencies
G. Integrate and increase services to families and women of childbearing age providing tobacco education, tobacco cessation, alcohol/drug programs that are linked to the midwife program and available as outreach services	G. No	G. All health and human services agencies

Outcomes for Goal 1, Objective 2

1. Decrease to 10% the percentage of women delivering newborns with prenatal exposure to tobacco by year-end 2004, using Trinity Hospital as a focus indicator
2. Decrease to 5% the percentage of women delivering newborns with prenatal exposure to alcohol/drugs by year 2004, using Trinity Hospital as a focus indicator

Agencies

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Performance Indicators for Goal 1, Objective 2

1. Number of women smoking or experiencing second hand smoke during pregnancy
2. Number of women using drugs/alcohol and tobacco during pregnancy

Goal 2: Every child is a healthy child
Objective 1: Maximize the number of children screened at the first grade according to the Child Health Disability Prevention (CHDP) standards

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Increase outreach using community based exams provided by mid-level practitioner	A. No/ Maybe	A. TH
B. Increase public and parental awareness through: Kindergarten roundups, community programs, child care providers, and pre-schools	B. Maybe	B. CFFC, TCOE, DHHS (PH)
C. Promote and advocate for comprehensive well-baby screenings	C. No	C. DHHS (PH)
D. Increase C.H.D.P. awareness throughout the community	D. No	D. DHHS (PH)
E. Develop a universal screening card to be used by parents for screening/immunizations	E. No	E. DHHS (PH)
F. Expand Head Start or other home-based services	F. Yes	F. CFFC

Outcomes for Goal 2, Objective 1

1. Increase from 54% to 75% the percentage of children who receive comprehensive screening entering first grade by year 2004

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Performance Indicators for Goal 2, Objective 1

1. Number of children entering first grade in Trinity County receiving comprehensive screenings that meet C.H.D.P. standard

Goal 2: Every child is a healthy child
Objective 2: Increase the number of children receiving early dental services in Trinity County

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Develop a database that identifies the number of children receiving dental care	A. No	A. TCOE
B. Maintain school-based screenings and promote University of Southern California dental van program	B. No	B. TCOE
C. Promote outreach/education and enrollment to Healthy Families or Medi-Cal for children	C. No	C. DHHS, TH
D. Establish an awareness campaign for community and providers concerning need for early dental care	D. No	D. TH (TCHC)
E. Develop local dental services	E. Maybe	E. TH (TCHC)
F. Establish an awareness campaign for community and providers concerning the importance of supplemental fluoride	F. No	F. TCOE (HS), TH (TCHC)

Outcomes for Goal 2, Objective 2

1. Increase by 10% the percentage of children receiving early dental services, as indicated by Trinity County Office of Education survey

Agencies

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2. By year-end 2001 there will be a provider who accepts Medi-Cal in Census Tract 1 and/or Census Tract 2

Performance Indicators for Goal 2, Objective 2

1. Number of children receiving dental services prior to entering first grade

Goal 2: Every child is a healthy child
Objective 3: Decrease the number of substantiated incidents of child abuse and neglect in Trinity County

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Increase media resources for parents	A. No	A. BHS, HRN, DHHS
B. Provide programs/service incentives that will engage parents	B. No	B. BHS, HRN, DHHS
C. Capitalize on existing community-based activities to provide information to parents	C. No	C. BHS, HRN, DHHS
D. Legitimize asking for help	D. No	D. BHS, HRN, DHHS
E. Increase awareness through Child Abuse Prevention Month	E. No	E. BHS, HRN, DHHS
F. Survey parents to find out why they are not accessing services, and establish data on parental needs that would prevent child abuse and neglect	F. No	F. BHS, DHHS
G. Pay parent representatives as consultants	G. Maybe	G. CFFC
H. Linking with Maternal Child Health Program as outreach workers	H. No	H. TH (MCH)

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STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
I. Provide services to families in a linguistically & culturally appropriate manner	I. No	I. All health and human services agencies
J. Provide funding to promote recreational activities	J. Maybe	J. CFFC

Outcomes for Goal 2, Objective 3

1. Decrease the number of substantiated cases of child abuse and neglect in Trinity County annually by year 2003

Performance Indicators for Goal 2, Objective 3

1. Number of parents receiving education on child abuse and neglect
2. Number of community-based playgroups
3. Number of prevention programs based on needs identified by parent survey

Goal 2: Every child is a healthy child
Objective 4: Every child receives a healthy diet

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Offer food demonstrations that include samples and recipes, at Farmer's Markets, grocery stores, food banks and community-based meetings	A. No	A. DHHS

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STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
B. Develop the SHARE program in Trinity County	B. No	B. DHHS (FNP)
C. Use outreach to increase awareness of food stamps	C. No	C. DHHS
D. Increase nutrition education through the development of a comprehensive county Public Health Nutrition Program	D. Maybe	D. CFFC, Consolidation between TH and DHHS
E. Increase access to community gardens by preschool children and their families	E. Yes	E. CFFC, DHHS (FNP)
F. Develop parent education program on age-appropriate nutrition for all income levels, including the importance of breastfeeding	F. No	F. TH, DHHS
G. Conduct a county-wide assessment of food security	G. No	G. DHHS (FNP)
H. Provide coupons to be redeemed for fresh produce	H. No	H. DHHS (WIC)

Outcomes for Goal 2, Objective 4

1. Decrease number of children 0-5 with height/weight ratio below the 5th percentile when plotted against standard growth curves established by the National Center for Health Statistics (NCHS)
2. Decrease number of children 0-5 with height/weight ratio above the 95th percentile when plotted against standard growth curves
3. Reduce iron deficiency to less than 3% among children aged 1-5
4. Decrease percentage of Trinity County households with children reporting food insecurity
5. Increase the percentage of children receiving breast milk through their first year of life.

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Performance Indicators for Goal 2, Objective 4

1. Number of parents receiving education on healthy diets for young children
2. Number of children with height and weight status plotted against standard growth curves, as established by the National Center for Health Statistics (NCHS)
3. Number of reported cases of anemia
4. Number of households reporting food insecurity according to the USDA/DHHS Food Security Measurement Scale
5. Number of children receiving breast milk through their first year of life

Goal 2: Every child is a healthy child
Objective 5: Children live in a home free of the effects of drugs, alcohol and tobacco

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Expand Head Start or other home-based services for 0-5 year olds	A. Yes	A. CFFC
B. Survey parents of children, ages 0-5, enrolled in preschools, kindergarten, and child care for tobacco use	B. No	B. HRN
C. Revitalize methamphetamine task force	C. No	C. TCOE
D. Increase tobacco cessation programs	D. Yes	D. CFFC
E. Increase parent support groups	E. No	E. BHS, HRN, TCOE (HS)
F. Increase awareness of existing Alcohol and Other Drugs (AODS) programs and services	F. No	F. BHS, all other health and human service agencies

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STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
G. Increase services, such as therapeutic play groups, to children who come from homes where parents use drugs	G. No	G. BHS (AOD)
H. Integrate and increase services to families and women of childbearing age providing tobacco education, tobacco cessation, alcohol/drug programs that are linked to the midwife program, and available as outreach services.	H. No	H. All health and human service agencies

Outcomes for Goal 2, Objective 5

1. Decrease by 10% the percentage of children age 0-5 who are regularly exposed to second-hand smoke in their daily environment
2. Reduce by 10% the number of drug and alcohol related arrests, including DUI.

Performance Indicators for Goal 2, Objective 5

1. Number of families receiving Head Start or other home-based services
2. Number of parents who smoke
3. Number of parents of young children participating in prevention and treatment programs
4. Number of drug and alcohol related arrests, including driving under the influence (DUI)

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Goal 3: Every child will be ready to learn Objective 1: Provide quality, developmentally appropriate child care in Trinity County

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Provide home visitor support/education program for licensed exempt child care providers.	A. No	A. HRN, TCOE (CCPC)
B. Provide technical assistance and other support to bring childcare and early childhood settings up to the highest health and safety standards.	B. No	B. HRN, TCOE (CCPC)
C. Promote background checks of all adults living in licensed exempt childcare homes.	C. Yes	C. HRN, TCOE (CCPC)

Outcomes for Goal 3, Objective 1

1. Home visitor support/education program implemented by year-end 2001
2. Home visits will be done to at least 75% of exempt child care homes by year-end 2002, per program guidelines
3. By year-end 2002, 75% of all exempt child care homes will have had background checks made of all adults living in the home.

Performance Indicators for Goal 3, Objective 1

1. Number of licensed exempt childcare providers receiving home visitor services.
2. Number of background checks of all adults living in licensed exempt childcare homes.

Agencies

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Goal 3: Every child will be ready to learn Objective 2: Promote positive early childhood growth and development

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Increase parental/community awareness of the importance of the early years of child development.	A. Yes	A. CFFC (HRN & DHHS may be lead agencies), representatives from the public
B. Increase provider awareness to achieve early detection of potential learning disabilities.	B. No	B. TCOE

Outcomes for Goal 3, Objective 2

1. One community based child development milestone screening opportunity per census tract per year.

Performance Indicators for Goal 3, Objective 2

1. Number of opportunities for child development milestone screenings.

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Goal 4: The Children and Families First Commission will invest in a system that is consumer oriented and easily accessible to make a positive and significant impact in the community over time

Objective 1: Increase the integration and coordination of services

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Establish an on-going Advisory Committee composed of representatives involved in administering children and families programs to meet regularly and coordinate services, evaluate programs, and provide periodic reports to the Commission	A. No (no extra cost projected)	A. DHHS, all health and human service agencies involved in children and family services, parent representatives
B. Coordinate planning and program evaluation activities between agencies	B. No	B. All health and human service agencies

Outcomes for Goal 4, Objective 1

1. Presence of an active Advisory Committee that is meeting at least quarterly for information sharing and coordination of services

Performance Indicators for Goal 4, Objective 1

1. Number of participants in Advisory Committee meetings and coordinated planning efforts
2. Number of reports to the Children and Families First Commissions on service integration efforts and results

Agencies

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Goal 4: The Children and Families First Commission will invest in a system that is consumer oriented and easily accessible to make a positive and significant impact in the community over time

Objective 2: Increase the sharing of information, data and analyses across agencies and throughout Trinity County

STRATEGIES	PRIORITY FOR PROP 10 FUNDING?	RESPONSIBLE AGENCIES AND PROGRAMS
A. Update and maintain a Resource Directory that lists all available programs, services and other resources within Trinity County that may be used to assist children and families	A. Maybe	A. TCOE to coordinate, all agencies to participate
B. Use newsletters, media resources, surveys and other means to increase information flow between the public and providers	B. Maybe	B. CFFC (Advisory Committee)
C. Provide formal service integration training for staff of involved agencies	C. Maybe	C. CFFC (Advisory Committee)
D. Conduct “secret shopper” surveys of involved agencies (with approval of agency heads)	D. Maybe	D. CFFC (Advisory Committee)

Outcomes for Goal 4, Objective 2

1. Availability of a comprehensive, accurate Resource Directory
2. Increase in the number of parents and service providers who know what services are available and have the information necessary to access those services

Performance Indicators for Goal 4, Objective 2

1. Number of reports, assessment results, other forms of information shared between agencies
2. Number of newsletters, press releases and other informational and educational activities intended to promote awareness of available services

Agencies

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Evaluation of Results

In the context of this strategic plan, **evaluation** refers to the process and methods by which the Trinity County Children and Families First Commission and community stakeholders can assess the degree of progress made toward achieving the goals, objectives and desired outcomes described in this plan as well as assess the effectiveness of funding allocation decisions. The foundation of the evaluation process are the outcomes and performance indicators described in the previous section; the outcomes define specific performance targets to be achieved for each objective and the indicators represent the data that will be used for the evaluation.

A formal evaluation process and written report must be completed at least once each year in compliance with California Health and Safety Code Section 130150, which states:

“On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.”

The Commission intends to develop an evaluation plan in conjunction with determining the specific process that will be used to allocate funds. It is currently expected that the evaluation plan will be completed by October 2000. Issues to be addressed in the evaluation plan include:

- ✓ Frequency and timing for collection of data for all of the performance indicators contained in this plan. For example, the plan might call for quarterly collection of data from service providers as necessary to evaluate the various indicators.
- ✓ Means of evaluating the performance of individual funded programs and verifying the appropriate utilization of funds from the Children and Families Trust Fund.
- ✓ Data collection methodology for all indicators and other evaluation criteria.
- ✓ Level of technical assistance to be provided to funded agencies and how agencies will be funded to participate in the evaluation process.
- ✓ Formats to be used for reporting and analysis of indicators and outcomes.
- ✓ Means of using evaluation results to improve future versions of the strategic plan and future funding decisions.
- ✓ Coordination of evaluation efforts with other public and private children and families system evaluation efforts within Trinity County.
- ✓ Coordination with, and leveraging of, successful evaluation models, tools and systems developed by the State Commission and other County Commissions.

Resource Allocation

The allocation plan contained in this section describes the overall approach that will be used to allocate funds from the Children and Families Trust Fund to specific programs, projects and services in Trinity County. A first year budget covering the period from July 1, 2000 through June 30, 2001 is also provided.

Allocation Guidelines

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. In order to meet this overall goal, the following guidelines have been established related to the allocation and investment of Trust Fund monies.

1. Funds will only be allocated to activities that are in direct furtherance of the elements of this strategic plan or that are necessary for the operation of the Commission, consistent with the purposes expressed in the California Children and Families Act.
2. The Commission will actively seek to coordinate with other funding sources so that Proposition 10 resources are used wherever practical to (a) attract funding from other sources so that the total monies available for early childhood development are increased, (b) fill gaps where no other sources of funding can be identified to provide high-priority programs and services called for in this plan, and/or (c) builds self-sustaining services.
3. The Commission encourages projects, programs and services that can address multiple goals and objectives.
4. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and/or create new services, and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.
5. The Commission is committed to funding service providers that are able to objectively demonstrate the cost-effectiveness and overall efficacy of their services and that comply with other requirements of the Commission to ensure accountability of funds.
6. Since the number and magnitude of needs in Trinity County far exceed the amount of funding available to the county each year from the Trust Fund, a multi-year investment strategy will be used. This means that funding will be targeted toward specific objectives over multiple years (two, three, five or more years) in order to achieve a long-range impact. However, in recognition of the continuous changes that occur within the community and other funding sources, the Commission will make funding decisions one

year at a time. There can be no guarantee of sustained support for programs funded in prior years.

7. Creative strategies will be pursued to achieve fiscal independence for funded programs wherever possible. This may include the ability of programs to generate their own revenues in the future and/or the ability to transition funding from the Commission to other sustainable sources so that Trust Fund resources are freed up for other purposes.
8. Funds may be allocated on a sole source basis or to a targeted group of providers at the discretion of the Commission.
9. The Commission seeks to minimize administrative costs so that the most resources possible can be focused on achieving the goals and objectives described in this plan.

Allocation Process

Due to the limited amount of funding available and the presence of relatively few service providers in the county, the Commission does not plan to conduct a formal competitive bid or Request For Proposal (RFP) process. Instead, the Commission will pursue a fund allocation process that seeks to maximize collaboration and open participation by existing and new community-based organizations.

The fund allocation process envisioned by the Commission consists of the following steps:

- The Commission will make an initial determination of funding by type of service or project. For example, a specific dollar amount may be specified to be available for home visitation services.
- The targeted categories of service and funding levels will be publicized, requesting any interested organizations to submit a letter of interest containing a brief description of the programs or services they wish to provide. Any organization will be eligible to apply, including nonprofit organizations, County departments, and for-profit businesses.
- The letters of interest will be used as a basis for the Commission to request more complete proposals. Wherever it is practical and appropriate, different organizations indicating interest in a particular type of service will be encouraged to work together to submit a collaborative proposal that best leverages the capabilities each organization. Issues such as coordination of resources and leveraging of funds will be resolved in the course of developing these proposals and reviewing them with the Commission.
- The Commission will use the final proposals to make a determination of specific funding awards. Contracts will then be prepared with each grantee to ensure accountability.

At this time, it is expected that all awards will be for a one-year period. The Commission reserves the right to contract for a different time period and/or to renew contracts for additional one-year periods if mutually agreeable to the service provider(s) involved.

First Year Budget

The first year budget is set at \$200,000. This budget reflects monies received from the state Children and Families Trust Fund plus interest accrued on those funds. The intended allocation of first year funding, covering the period July 1, 2000 through June 30, 2001, is outlined below.

<u>Program, Service or Activity</u>	<u>Allocated Funding</u>
Establish a comprehensive countywide midwife program to provide extensive outreach services for preconception health, prenatal, intrapartum and postpartum care, breastfeeding, and well baby exams through one year of age	\$ 100,000
Establish / expand home-based services to expand child care, nutrition education, and other early childhood development services	50,000
Coverage for emergency dental service needs of young children	5,000
Services to promote improved nutrition and cognitive development for young children, such as increased access to community gardens and children's garden programs	7,000
Increase tobacco cessation programs	3,000
Allowance for small grants to support other programs and services that are aligned with one or more of the goals and objectives contained in this plan	10,000
Planning, administration, and evaluation expenses (12.5% of total funding)	25,000
	<hr/>
Total Budget	\$ 200,000

In addition to the above budget items, the Commission has expressed support to allocate up to \$5,000 in funding to promote background checks on all adults living in licensed exempt childcare homes if no other funding can be identified to implement this program.

It must be emphasized that this budget only reflects the direct use of funding from the Children and Families Trust Fund. As stated in the Allocation Guidelines and other sections of the strategic plan, many service providers and professionals throughout the county will be coordinating their efforts and allocating funding to programs and services that implement many of the other strategies described in this plan.

In addition to the budgeted allocations, the Commission will retain a balance of funding in the Trust Fund. This reserve amount will be held in the local Trust Fund and not expended except by special action of the Commission. The purpose of the reserve is to compensate for future decreases in the annual funds that are allocated to the County, and also to provide flexibility to address significant new needs that emerge.

It is important to recognize that there is no assurance of future funding levels from the Trust Fund. Trinity County is currently receiving \$200,000 annually due to actions by the State Commission to establish a minimum funding level for each county, but there is no absolute guarantee that the State Commission will maintain this policy. Trinity County would receive considerably less than \$200,000 if its share of the state trust fund were determined solely by the county's birth rate. State level revenues are also projected to decline by 3% per year as the higher costs of smoking produced by the tobacco tax serves to reduce the number of smokers. This decline in state level resources may have an impact on the amount of funding allocated to Trinity County.

Conclusion

Early childhood development lays the foundation for adult life, serving as the basis for children to become well-adjusted, productive citizens. Clearly there is a compelling need in Trinity County to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age. This strategic plan represents the first step toward a long-range effort to establish such a system so that one day all children in Trinity County will be healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

Appendix 1: Children and Families First Act

The complete text of the state laws that were implemented as a result of Proposition 10, the Children and Families First Act, is provided here to enable a greater understanding of the laws that guide the actions of the Trinity County Children and Families First Commission.

CALIFORNIA CODES HEALTH AND SAFETY CODE SEC. 5, DIVISION 108 SECTION 130100 – 130155

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

- (a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decisionmaking, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.
- (b) The programs authorized by this act shall be administered by the California Children and Families First Commission and by county children and families first commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures.
- (c) This division shall be known and may be cited as the "California Children and Families First Act of 1998."

130105. The California Children and Families First Trust Fund is hereby created in the State Treasury.

- (a) The California Children and Families First Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code.
- (b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families First Trust Fund.
- (c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families First Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision.
- (d) Moneys shall be allocated and appropriated from the California Children and Families First Trust Fund as follows:
 - (1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula:
 - (A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on

subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development.

- (B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125.
 - (C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125.
 - (D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.
 - (E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission.
 - (F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission.
 - (G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke.
 - (H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period.
- (2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140.
- (A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families First Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission.
 - (B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families First Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A).
- (e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families First Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d).
 - (f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families First Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families First Commission composed of seven voting members and two ex officio members.

- (a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields.
- (b) The Secretary of Health and Welfare and the Secretary of Child Development and Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.

130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following:

- (a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development.
- (b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.
 - (1) The state commission's guidelines shall, at a minimum, address the following matters:
 - (A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development.
 - (B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households.
 - (C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs.
 - (2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted.
 - (3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate.

- (c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results.
- (d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.
- (e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development.
- (f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development.
- (g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports.
- (h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development.
- (i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act.
- (j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions:

- (a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied:
 - (1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions:
 - (A) The establishment of a county children and families first commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members.
 - (i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services.
 - (ii) One member of the county commission shall be a member of the board of supervisors.
 - (iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

- (B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission.
- (C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county.
 - (i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted.
 - (ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.
 - (iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate.
- (D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted.
- (E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted.
- (F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission.
- (G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report.
- (H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150.
- (I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects.
- (2) The county's board of supervisors has established a county commission and has appointed a majority of its members.
- (3) The county has established a local Children and Families First Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a).
- (c) In the event that any county elects not to participate in the California Children and Families First Program, the moneys remaining in the California Children and Families First Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year.
- (d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families First Program (for the same period), provided that each of the following requirements has first been satisfied:
 - (1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission.
 - (2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150.

- (3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150.
- (e) In the event that any county elects not to continue participation in the California Children and Families First Program, any unencumbered and unexpended moneys remaining in the local Children and Families First Trust Fund shall be returned to the California Children and Families First Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.

- (a) The audits and reports of each county commission shall be transmitted to the state commission.
- (b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission.
- (c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost.
- (d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.

130155. The following definitions apply for purposes of this act:

- (a) "Act" means the California Children and Families First Act of 1998.
- (b) "County commission" means each county children and families first commission established in accordance with Section 130140.
- (c) "County strategic plan" means the plan adopted by each county children and families first commission and submitted to the California Children and Families First Commission pursuant to Section 130140.
- (d) "State commission" means the California Children and Families First Commission established in accordance with Section 130110.

CALIFORNIA CODES
REVENUE AND TAXATION CODE
CHAPTER 2 OF PART 13, DIVISION 2
SECTION 30131 – 30131.6

30131. Notwithstanding Section 30122, the California Children and Families First Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families First Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.1. The following definitions apply for purposes of this article: (a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997. (b) "Tobacco products" includes, but is not limited to, all forms of

cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.

30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of cigarettes at the rate of twenty-five mills (\$0.025) for each cigarette distributed. (b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families First Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families First Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families First Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families First Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. The taxes imposed by Section 30131.2 shall be imposed on every cigarette and on tobacco products in the possession or under the control of every dealer and distributor on and after 12:01 a.m. on January 1, 1999, pursuant to rules and regulations promulgated by the State Board of Equalization.

Appendix 2: Assessment of County Needs

As noted in the Planning Process section, an integral part of the strategic planning process for Trinity County involved leveraging the extensive base of information from recent community-based assessment efforts conducted by various health and social service agencies rather than attempting to conduct a new assessment of community needs and resources. This Appendix summarizes the key information gathered from existing assessments and service plans. General information is shown first, then information associated with each goal and objective is provided so that the rationale for selecting each objective can be understood.

General Information

Population Profile

- The total population was 13,117 as of July 1998. The population has declined slightly in recent years and is projected by the California Department of Finance to dip below 13,000 in the year 2000. These declines are mostly attributed to people leaving the county because of a lack of jobs.
- 46.5% of the population is centered in Weaverville and Hayfork.
- There is little ethnic diversity in the county; 93% of residents are Caucasian. The largest ethnic minority group is Native American Indian at 4.5% of the population.
- In 1996, there were approximately 1,125 children in the 0-5 age range targeted by Proposition 10.
- 74% of persons age 25 and over have received a high school diploma or GED, and 13% are college graduates.

Birth Rates

- There are approximately 125 births per year to women who reside in Trinity County; approximately one-third (32%) of the births occur out-of-county.
- In 1996, 39% of births were to unmarried women.
- The rate of births to mothers under age 20 declined each year during the period 1994 to 1997. Measured as a birth rate per 1,000 females in the age range, the rate dropped from 70.2 in 1994 down to 42.0 in 1997.
- 31% of the 1996 births were to women reporting it was their first child, 35% stated it was their second child, 19% were having a third child, and 15% were having a fourth or more. This is relevant in terms of understanding the need for education of new parents.

Employment

- Trinity County's average unemployment rate in 1999 was 11.6%, more than twice the overall California unemployment rate of 5.2%.
- California Employment Development Department data shows significant differences in the unemployment rate by community. Unemployment was only 4.2% in 1999 for Weaverville residents but 11.5% for Lewiston and 15.0% for Hayfork residents.
- The unemployment rate varies dramatically during the year, reaching a peak in the beginning months of each year and dropping significantly in the summer and early fall. The unemployment rates for 1999 by calendar quarter demonstrate this:

Jan – Mar	17.1 – 18.1%
Apr – Jun	9.2 – 14.0% (low in June, high in April)
Jul – Sep	6.7 – 9.2% (low in Sept., high in July)
Oct – Dec	6.5 – 12.6% (low in Oct., high in Dec.)
- The largest industries in terms of employment are government, local services, timber, and tourism / recreation.

Income Status

- The median household income in 1995 was \$25,000, well below the State average of \$40,550.
- 17% of the population or roughly 2,200 people live in poverty according to the federal guidelines, according to US Bureau of Census estimates for July 1996. An estimated 297 children age 0-5 (28% of this age group) are living in poverty. The latest Trinity County Community Health Assessment and Plan identified an additional 967 children age 18 and under who are living in households between 100% and 200% of the federal poverty level, which is classified as low income.

Goal #1: Every Birth Is A Healthy Birth

Objective #1: Increase the percentage of babies born to women receiving early comprehensive prenatal care

- The percentage of babies born whose mothers received prenatal care in the first trimester of pregnancy was 83.0% in 1997. This represented a moderate improvement over the 1996 level of 80.7% and 1996 level of 78.9%, but still significantly short of the state target of 90%.
- Between the years of 1994 – 1996, 35.9% of births were to mothers who did not receive adequate prenatal care according to the County Health Status Profiles. Further, this indicator was significantly worse in 1996 than 1990 (-25.2% change).
- Another key indicator of healthy births is the percentage of babies born with low birth weight, defined as less than 2500 grams at birth. The 1996 and 1997 rates for Trinity County were approximately 5%, which is slightly better than the state average of 6%. Low birth rate is still a concern because of a considerable body of studies that indicates that children born prematurely and with a low birth weight are significantly more likely to have learning disabilities and physical problems through their teen years and beyond.
- The Perinatal Outreach & Education program is currently expected to be phase out after June 30, 2000, due to a lack of assured funding. This program provides a half-time Registered Nurse implementing outreach and education services to pregnant women regarding the importance of early prenatal care and abstinence from tobacco, alcohol and other drugs.
- A positive area is the rate of mothers who exclusively breastfeed their infants at hospital discharge. Trinity County averaged about an 85% rate of breastfeeding, double the state average of 42%, during the period 1995 to 1997.

Objective #2: Decrease the percentage of infants born with prenatal exposure to the effects of alcohol, tobacco and other drugs

- Complete and reliable data was not available for this objective due to the fact that doctors at Trinity Hospital do not routinely screen patients for substance abuse at the time of birth. Further, there is a concern that substance-using perinatal women may choose not to seek prenatal care because of the fear of random or routine toxicology screening and the possible legal consequences of a positive test. One approach that has been used when a perinatal woman has disclosed substance use to either her medical care provider or to the obstetrics nurse is to refer her to Public Health for targeted case management and to Behavioral Health Services's Drug and Alcohol Program for appropriate services. In the period November 1995 through July 1997, 24 OB patients at Trinity Hospital stated that they had used illegal substances during pregnancy.

- The Trinity County Community Health Assessment and Plan for FY 2000-2004 reported that the number of Public Health Nursing referrals are increasing from the judicial system and hospitals for high-risk pregnancy and high-risk infants case management due to exposing the unborn to either marijuana, methamphetamine, alcohol, or prescription “opiate” drugs. Mercy Medical, located in adjacent Shasta County, reports a 400% increase of newborns that tested positive for methamphetamine from 1992 to 1994; this is relevant since Trinity County has a third of births delivering out of county.
- The latest Trinity County Community Health Assessment also shows that 1/3 of the women who delivered babies at Trinity Hospital in 1997 smoked cigarettes and 13% admitted to using street drugs during pregnancy.

Goal #2: Every Child Is A Healthy Child

Objective #1: Maximize the number of children screened at the first grade according to the Child Health Disability Prevention (CHDP) standards

- The percentage of children who have been screened based on CHDP standards for healthy first grade school admission, as measured by statistics kept by Trinity County Health Services and Trinity County Office of Education, as 54% in school year 1998-99. This was a significant drop from the 64% rate in SY 1997-98 and the lowest rate from the last four years.
- The percentage of children who began kindergarten with all of their immunizations up-to-date was 86.4% for school year 1999-2000, a slight improvement over the 85.5% rate from SY 1998-99.

Objective #2: Increase the number of children receiving early dental services in Trinity County

- The Trinity County Community Health Assessment and Plan for FY 2000-2004 identified two dentists in Weaverville serving fewer than 5% of the Medi-Cal targeted population due to overutilization of private health care plans. Hayfork has one dentist who reports 40% of that dental practice is Medi-Cal and Southern Trinity Health Services Clinic has a part-time dentist stating 25% of the caseload is Medi-Cal. The Down River area (Lower Trinity, Helena, Salyer) are completely without dental, medical or vision providers; these populations travel one hour or more to access services in Weaverville.
- The Health Care Task Force collaborative identified dental access as a serious County priority and developed a Dental Sub-committee to work toward strategies to increase dental services.
- A recent survey involving patients visiting local medical and dental providers indicated that only 33% of patients had dental insurance.

- Recent meetings with local dentists identified significant problems with DentiCal reimbursements and broken appointments by clients, which are very frustrating for their practice.

Objective #3: Decrease the number of substantiated incidents of child abuse and neglect in Trinity County

- In 1996, the unduplicated number of reports of child abuse and neglect as a percentage of the child population in Trinity County was 18.5%, more than twice the statewide rate of 8.4%. According to Trinity County Child Protective Services (CPS) there were 653 child abuse emergency responses in 1996. Of these, 94 were substantiated.
- The rate of children in out-of-home placements, measured as a rate per 1,000 children under 18, increased from 8.0 in 1994 to 10.2 in 1995 and 9.9 in 1996. This is an important indicator since many out-of-home placements are caused by a need to protect the child from abuse and/or neglect from the parents or legal guardians.
- The number of calls for assistance related to domestic violence has increased in recent years; 67 such calls were handled in 1996. Arrests for spousal abuse are averaging 41 per year. A positive sign is that the number of children needing to be housed in the domestic violence shelter dropped dramatically from 16 in FY 1997-98 to 3 in FY 1998-99. The Human Response Network attributes the drop to an excellent relationship with law enforcement and the courts, enabling their advocates for victims of abuse to obtain court orders requiring the perpetrator to leave the home immediately.

Objective #4: Every child receives a healthy diet

- Precise data on the nutritional habits of families with young children and overall availability of an adequate food supply does not currently exist. The only solid information that is available relates to utilization of food and nutrition support programs such as food stamps or students participating in free and reduced school meal programs (which does not provide insight into the 0-5 age group targeted by Proposition 10).
- A total of 409 households received food stamps in July 1999. The food stamp caseload dropped 23.2% in 1999. The primary reasons that people who were on food stamps were discontinued from this program included problems with the application (50 cases), moved out of the county (24 cases), increased income to the point of no longer being eligible to receive food stamps (22 cases), and non-cooperation or failure to provide information (17 cases).
- Food stamp applications can be sent by mail, but an intake appointment must be done in person. Most appointments are conducted in Weaverville, but outreach workers regularly visit Hayfork and Mad River for intake and other appointments. Applicants can schedule appointments outside of normal business hours upon request.

- The percentage of the population receiving public assistance from the Aid to Families with Dependent Children / Temporary Assistance to Needy Families (ADFC/TANF) programs was 6.6% in August 1998, a significant drop from the 8.9%-9.6% rates during the period 1994 to 1996.
- 53.7% of students participated in the free and reduced cost meals program in Trinity County schools in school year 1997-98. The rate of participation stayed relatively constant for the four year period from 1994-95 through 1997-98.

Objective #5: Children live in a home free of the effects of drugs, alcohol and tobacco

- Trinity County Tobacco Education conducted a survey on Second-Hand Smoke in 1998. The survey found that 57% of 199 people interviewed reported smoking on a regular basis, and 36% stated that others in the home smoke. While 94% believed that breathing tobacco smoke is harmful to adults and 96% think tobacco smoke harms the health of babies and children, 55% admitted not changing any behavior toward second hand smoke in the last year. Data are not available on the number of children exposed to second hand smoke.
- WIC's Smoking Cessation grant has run out and no future funding has been identified for the program. In the last year of operation, 77 individuals participated in at least one tobacco cessation session of which 24 (31%) quit smoking.
- There were 60 felony narcotic arrests in 1995-96 and 168 arrests for public intoxication for 1994-95, the last years for which complete data were obtained. No breakdowns were available regarding the potential involvement of children.

Goal #3: Every Child Will Be Ready To Learn

Objective #1: Provide quality, developmentally appropriate child care in Trinity County

- An estimated 252 children age 0-5 use child care outside of the family. This compares to an estimated 493 children age 0-5 with working parents that are likely to need child care. According to a comprehensive community survey conducted by the Trinity County Local Child Care Planning Council in 1998, 63% of parents need child care in order to work. Many families use friends and relatives to meet their child care needs. Information from the 1999 California Child Care Portfolio stated that there is not currently a waiting list for subsidized child care.
- The 1998 Local Child Care Planning Council survey indicated that 52% of parents feel there is not an adequate selection of child care providers. This and other data suggests that the primary need in Trinity County at this time is not more child care slots per se, but rather more emphasis on quality, safety and flexibility of child care.

Objective #2: Promote positive early childhood growth and development

- In general, little data are currently available about the percentage of children who are ready for school when they reach kindergarten. The primary factors are that no school readiness standards have been adopted and no assessment instruments are being used in the county for kindergarten readiness.
- One indicator that is available is the percentage of children who attain literacy by the end of grade three, as measured by countywide STAR test results in reading, language, and math. The rates in Spring 1999 were 58% of the national percentile ranking in reading, 56% in language, and 58% in math. Each of these rates represented a significant 7-8% improvement over test results from Spring 1998.
- A related indicator is the degree of involvement that parents have in their child's school life, since parental involvement is a key to early childhood development. The number of parent volunteer hours per child at Healthy Start sites in the county during school year 1998-99 varied dramatically, from 26.6 in Hayfork and 25.4 in Burnt Ranch all the way down to 1.0 in Douglas City and 2.4 in Weaverville. The data shows a generally low level of parental involvement in the schools, at least at the Healthy Start site. At the same time, every community except Hayfork showed either no change or improvement in this indicator when compared to the previous school year.

Goal #4: The System Of Services Is Consumer-Oriented And Easily Accessible

Objective #1: Increase the integration and coordination of services

Objective #2: Increase the sharing of information, data and analyses across agencies and throughout Trinity County

- These objectives were adopted because they are fundamental requirements of Proposition 10. The available community assessment information does not indicate a problem with service integration and coordination; service providers in the County generally enjoy very positive, team-oriented relationships with each other where the focus is on working together to do the best possible job of meeting the needs of people in the community. At the same time, the Commission and members of the Subcommittee have recognized that improvements can be made in the areas of service integration and sharing of information, and that such improvements will strengthen the efforts made to address all of the other objectives in the strategic plan.

Appendix 3: Public Meeting Summaries

The strategic plan embodied by this document was developed through an open, community-based process that included over 20 public meetings and hearings. Each meeting was publicized through newspaper advertisements (including large display ads for key sessions), posting of meeting notices on community bulletin boards, and other forms of announcement. A one-page fact sheet was also developed and distributed to increase community awareness about Proposition 10 and the activities of the Children and Families First Commission.

A chronology of the public meetings conducted during the strategic planning process is provided below. The meeting summaries contained here do not represent the entire agenda of each meeting, but rather indicate the progress made during the meeting toward the completion of the strategic plan.

Public meetings of the Trinity County Children and Families First Commission:

March 22, 1999	Organization and information gathering regarding strategic planning approaches and community needs
April 21, 1999	Discussion of mission statement and direction of the Commission
October 8, 1999	Review of community needs and discussion of possible solutions
November 12, 1999	Adopted results-based accountability matrix format for planning that links goals, objectives, strategies, outcomes and indicators in a single view; adopted overall goals; authorized the formation of the Subcommittee
December 13, 1999	Reviewed initial actions of the Subcommittee in refining the descriptions of the goals and developing objectives, strategies, outcomes and indicators
February 29, 2000	Presentation of Subcommittee recommendations on objectives, strategies, outcomes and indicators, and Commission discussion of these items
March 14, 2000	Presentation of Subcommittee recommendations on funding priorities and discussion of fund allocation principles
May 3, 2000	First presentation and discussion of a complete draft of the strategic plan

June 12, 2000	Public hearing on final draft of the strategic plan, after changes have been incorporated based on the May 3, 2000, Commission meeting and subsequent Subcommittee meetings
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Public meetings of the Subcommittee established by the Commission to increase provider and community participation in the planning process:

December 1, 1999	First meeting to organize the Subcommittee and begin discussions on objectives and strategies for goal #1
December 6, 1999	Development of objectives, strategies, outcomes and indicators for goal #1
December 15, 1999	Development of additional objectives, strategies, outcomes and indicators for goal #1; initiate development of objectives and other plan elements for goal #2
December 20, 1999	Development of additional objectives, strategies, outcomes and indicators for goal #2
January 4, 2000	Development of additional objectives, strategies, outcomes and indicators for goal #2
January 10, 2000	Discussions about service integration and coordination; begin development of objectives, strategies, outcomes and indicators for goal #3
January 19, 2000	Refinement of objectives, strategies, outcomes and indicators for goals #1 and 2; continued development for goal #3
January 31, 2000	Refinement of objectives, strategies, outcomes and indicators for goals #1, 2 and 3
February 3, 2000	Refinement of objectives, strategies, outcomes and indicators for goals #1, 2 and 3
February 7, 2000	Refinement of strategies, outcomes and indicators for goals #2 and 3
February 22, 2000	Final review and refinement of strategies, outcomes and indicators for goals #2 and 3

March 13, 2000	Developed recommendations on funding priorities and discussed methods of coordinating activities between agencies
March 29, 2000	First discussion of objectives and strategies for goal #4 on service integration and access
April 3, 2000	Coordinate efforts to produce a comprehensive Resource Directory of services and resources in the county
April 12, 2000	Complete the discussions related to goal #4 on service integration and data collection
April 19, 2000	Review and discussion of first draft of the Resource Allocation component of the strategic plan
April 26, 2000	Review first draft of the complete strategic plan, identify corrections to be made to the plan, discussed formats and methods to be used for data collection needed to support the evaluation model
May 8, 2000	Identify additional changes to make to the draft strategic plan, discuss production of the Resource Directory
May 16, 2000	Final discussion to identify additional changes to the draft strategic plan before it is submitted for a public hearing